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A DISSERTATION ON ANÆMIA.

(Continued from page 105.)

CAUSES.—In addition to the causes already alluded to, there are others, which will now be enumerated. These consist of a deficient nutrition, in consequence of poor and insufficient food, and during gestation in pregnant women a weak and irritable state of the stomach, which causes the food to be rejected soon after it is received into that organ; also flooding after parturition, or a great loss of blood from any other cause; pressure upon the ductus thoracicus; excessive secretions or evacuations; masturbation early in life, and long continued; protracted confinement in crowded apartments, in low, damp, malarious situations, connected with long exclusion of the body from the direct influence of the sun's rays; the impure air of manufactories; and, the most common of all causes, the constant respiration of an impure, moist and miasmal atmosphere, located near marshes in the vicinity of the sea or salt water, where the sun rarely, if ever, shines. All these causes depress and finally exhaust the vital energy, whilst they disorder the functions of digestion, and thereby prevent the necessary supply of the circulating fluids. To these causes may be added organic or functional derangement of the lungs, liver, pancreas and spleen, often the result of the unhealthy location of the patient; also an impeded development of the generative organs, the perfect evolution of which is necessary to the salutary excitement of all the organic actions, especially those of digestion and sanguification.

Hence it appears that anæmia is the effect of a morbid condition of those organs which are most concerned in the formation of the blood, which at first induces a debility or irritability of the system, such as often arises from exhausting diseases, cachexies, pregnancy, and protracted nursing, also from a peculiar miasmal state of the atmosphere, which produces a morbid condition of the internal viscera, and in some years causes the disease to appear as an endemic in some malarious situations.

Anæmia is so much confined to the vicinity of the sea, or within the range of the sea breezes and salt marsh exhalations, that it has been called the salt-water disease by some physicians. It is, however, probable that it may be generated in the vicinity of damp, marshy soils, in the interior of the country, especially if the individuals are poorly fed and clothed, and their dwellings are dark and uncomfortable. The salt

spray, combined with the marsh miasm, seems to produce a state of the fluids approaching to that of sea scurvy, in persons laboring under great debility, who reside within the range of its influence.

But from whatever cause anæmia may originate, persons with broken-down constitutions, those debilitated with previous diseases, and those whose systems are rendered weak and irritable by the puerperal state and protracted nursing, are among the first to suffer from the disease; and in them it is very difficult to cure during the period of gestation and the debilitating process of nursing.

Physicians seem to differ with respect to the primary seat of the disease; whether the digestive functions are the first to suffer, and the liver, spleen and other organs become secondarily affected, or vice versa, yet remains to be proved.

In all diseases where the digestive functions are much impaired, great attention should be paid to diet; for unless it be mild and unirritating, very little advantage will be derived from any remedial measures employed. In a debilitated state of the stomach, from either a primary or a symptomatic affection, strong nutritious food cannot be digested, and will therefore add to the difficulty and distress already existing in that organ, and the undigested food, by passing into the bowels, will increase the irritability, flatulence, and colicky pains, which are only relieved by the ejectment of the offending materials per anum. But a decided benefit may be derived from a mild diet, composed of those articles of food which are easily digested, and which require but little exertion of the stomach to effect it. Food of a proper quality and quantity, when taken in a healthy or diseased state of the system, ought never to distress the stomach; and whenever it does, it is certain that either too much or food of an improper kind has been eaten. Therefore in this disease, especially, the patient should select for diet those articles which experience has proved least apt to distress the digestive organs. It is the general opinion of the patient and her friends, that the extreme debility is owing to the want of sufficiently nutritious articles of food, especially if she continues to nurse her child; and hence the attending physician is often censured for restricting the patient's diet. We admit that the patient is suffering from inanition, but not from the quantity of the ingesta, but the inability of the digestive organs to convert the aliment into healthy chyle.

With respect to diet and the employment of medicines in this and other chronic diseases, we perfectly agree with the late Dr. John Armstrong, who, in his work on chronic affections, observes—"The long catalogue of prescriptions for chronic diseases, at once indicates that all is not right in our pathology, as it implies that each prescription is liable to fail, and that the whole may be successively required. Where we have no fixed principles to guide us, our prescriptions accumulate with empirical rapidity. We may make a sort of druggist shop of the stomach of every patient laboring under chronic diseases, by alternately cramming it with most articles of the pharmacopœias; but we shall not probably advance in the treatment, until we deduce pathological principles, from cautiously marking the rise and progress of the symptoms, and exploring their seats and effects. It is never safe at once to arouse the system from

collapse into strength. In reality it cannot be done; for when the powers of life are over-exhausted, their vigor can only be gradually restored. On all occasions, therefore, it is better to let the system renovate by light, cooling support, than to stimulate it by strong food, wine and tonics; and though there may be cases which require a deviation from this plan, on account of extreme exhaustion of the patient, yet they will be found few in comparison to those who require an opposite plan. From long and unbiased observation, I am fully convinced that most of the medicines called tonics, are either useless or pernicious, and if they were erased from the pharmacopœias it would be a real benefit to the profession and to mankind, for they only serve to mislead the former, and to tantalize or injure the latter. Tonic medicines generally oppress the digestive functions, or operate as direct stimulants, and in either case are improper in convalescence, for by the first they may destroy the natural appetite, by the last may lead to chronic inflammations" of some of the most important internal viscera, which is the general result of an improper use of tonic remedies during convalescence from most diseases, although to this general rule there may be many exceptions.

> "While the vital fire
> Burns feebly, heap not the green fuel on;
> But prudently foment the wandering spark,
> With what the soonest feels its kindred touch:
> Be frugal even of that: a little give
> At first; that kindled, add a little more,
> Till, by deliberate nourishing, the flame
> Revived, with all its wonted vigor glows."—*Armstrong on Health.*

The treatment of this disease usually recommended by writers on the subject, appears to us extremely empirical, and the result of a deficient or incorrect pathology, and is better adapted to palliate symptoms than to cure the complaint. Dyspepsia and cardialgia, with acid eructations, accompanied with an occasional vomiting of acrid phlegm, being among the first and most urgent symptoms, has induced physicians to prescribe for these distressing sensations, alkalies, absorbents, stomachics, &c., under a belief that the stomach was the primary seat of the affection; but a long course of these remedies proving only palliative, has finally induced the belief that the disease is incurable. At last it turns out, however, to be some difficulty of the lungs, liver, spleen, pancreas, or organic nerves, which interferes with the process of digestion or sanguification. The stomach, not even excepting the brain itself, is the greatest centre of sympathies, and therefore physicians are extremely apt to be deceived by its morbid actions, and should be extremely cautious in investigating its diseases.

Treatment.—We shall first review, in detail, the usual treatment employed in *anæmia*, and afterwards give our own particular views on the subject.

The first step in the cure of this disease, is to remove the patient from the location where it was contracted, to an elevated, dry situation in the country, whenever it can be done. In the case of nursing females, weaning the child, in addition to a change of residence, will very much facilitate the cure; and in some cases a cure cannot be performed whilst nursing is continued.

When the disease is caused by excessive flooding, over-leeching, or hæmorrhage from any other cause, transfusion of blood has proved a speedy and an effectual remedy; also a light, nutritious diet, a small quantity of brandy and water three or four times a day, warm clothing, and being as much as possible in the open air. When anæmia proceeds from salivation or any other excessive drain from the system, particular attention should be directed to this affection, which being removed, the disease often ceases without the use of further remedies.

In diseases accompanied with much debility, it may be an important question whether bleeding should be practised, and to recommend it in a disease of bloodlessness would seem preposterous. When, however, at the commencement of the disease, a fullness and tenderness is felt at the pit of the stomach, or in the region of the liver, a decided benefit may be derived from the employment of eight or ten leeches to the part affected, especially in the case of pregnant women. A few leeches will control the circulation as much as a full bleeding from the arm; a fact which it is difficult to account for, except upon the principle of a sympathetic action upon the heart. This is a circumstance of much importance in a disease of debility, by taking no more blood than is just sufficient, without exhausting the whole system. But we wish it distinctly understood that we recommend bleeding with leeches not as a general remedial measure, but yet important in some particular cases.

In ordinary cases the cure is generally commenced by a gentle emetic of ipecac, with a view to dislodge the acrid phlegm from the stomach, to excite a healthy action in the liver, pancreas and other glands connected with the digestive apparatus, to determine to the surface, and to equalize the circulation. After vomiting, if the bowels remain costive, a cathartic of calcined magnesia and rhubarb, combined with 4 drops of the oil of anise, and 10 or 15 of the tincture of hyoscyamus, should be given, and occasionally repeated during the continuance of the constipated state of the bowels. Cathartic remedies, however, must be employed with caution, and at the commencement of the disease only, lest they excite a diarrhœa which will be difficult to restrain; and whenever cathartics are employed, they should be combined with aromatic and antispasmodic remedies. Sometimes emollient enemas may be substituted for the laxatives.

After premising these articles, remedies that gently excite and permanently promote the organic functions, such as iron, bark, cascarilla, sulphate of quinine, camphor, ammonia, ether, or small doses of iodine, should be employed. These remedies may be occasionally combined with hyoscyamus, conium, extract of hops, or extract of dandelions, when the bowels are costive and the disease is accompanied with colicky pains; but when a diarrhœa is present, opium should be preferred to the other narcotics. The muriated or vinous tincture of iron, or the native chalybeate mineral waters, are generally the best preparations of the metal, as they irritate the bowels less than iron in substance; though some physicians prefer the carbonate, and Professor Halle, of Paris, "prescribed one drachm of iron filings daily with tonics and opium, and under this treatment all the symptoms gradually vanished, the capillary vessels re-

appearing on the surface. Gentle exercise on horseback, in the pure air of the country, facilitates recovery. If a costive state of the bowels continue, notwithstanding the use of the magnesia and rhubarb, the compound myrrh and aloes pill, combined with iron and hyoscyamus or assafœtida, should be substituted for it. When hysterics, palpitations and other nervous symptoms are present, zinc, valerian, ammonia, galbanum, myrrh, ether, and other antispasmodic remedies, may be combined with the tonics. If the secretions of the liver are deficient or vitiated, a blue pill given at night, and worked off in the morning with rhubarb and magnesia, may be occasionally employed, but should not be continued until ptyalism is induced, for this never fails to aggravate the disease and to hasten the breaking down of the constitution.

When the spleen is evidently enlarged, the tonic practice may be followed, such as giving the chalybeates and small doses of iodine, the extract of conium and the extract of dandelions. Whilst writing this article, we have a patient recovering rapidly, under the use of these remedies, from anæmia accompanied with enlarged spleen. Dr. Twining found purgatives highly beneficial in enlargement of the spleen, in India, and he has successfully employed the following formula in his practice, which he calls the *spleen mixture*. R. Pulv. jalap, pulv. rhei, pulv. columbo, pulv. zinziber, potassæ supertartratis, ãã one oz.; sulphas. ferri, gr. 10; tinct. senna, oz. 4; aqua menth. sat., oz. 10. Combined. An ounce and a half of this may be given daily to an adult. Friction over the affected side with croton oil very much assists other remedies in reducing the enlargement of the spleen. But, says Dr. Johnson, "It deserves to be impressed on the attention of every physician, that there is not, perhaps, a more dangerous or destructive practice, than that of exhibiting mercurials in most splenic enlargements. The constitutions of the majority of patients, affected with this disease, are unusually susceptible of the injurious effects of this mineral, and, therefore, as Dr. Abercrombie most justly remarks, *attempts to reduce enlargement of the spleen by mercury are generally followed by the worst consequences.*"—*Johnson's Review, Vol.* 30, *p.* 536.

Friction with croton oil over the region of the spleen facilitates the cure of spleen affections. For further particulars respecting the diseases of the spleen, and their connection with scorbutis, chlorosis and anæmia, see Vol. I. of the Clinical Illustrations of the Diseases of Bengal, by the late Dr. Twining, of Calcutta.

If the cardialgia continues and is accompanied with a diarrhœa, either the creta mixture, or lime water and milk, should be given in sufficient quantities to neutralize the acid; but when the gastric derangement is attended with a costive state of the bowels, calcined magnesia, carbonate of soda or carbonate of ammonia, should be substituted for the other alkalies; and in cases of great debility the carbonate of ammonia in small doses, frequently repeated, is preferable to any other, for it answers the two-fold purpose of relieving the cardialgia and of supporting the vis vitæ. When the mouth is very sore and the flow of saliva abundant, the patient should be directed to eject it from the mouth, for, if swallowed, it never fails to induce a looseness, or aggravate it when already present.

When the seat of the irritation has been removed from the stomach to the mouth, it appears to be an effort of nature to relieve a vital organ; and we may further add, that whenever medicines are prematurely applied to the local ulcerations of the mouth, before the morbid secretions are changed by a proper treatment, the ulcers may be healed, but with the certainty of again changing the seat of irritation to some other part of the primæ viæ, which is more essential to vitality; and this practice, instead of advancing the cure, hastens on the fatal termination, for the stomach and bowels are made to bear the onus of the disease, by which means the process of digestion is almost completely interrupted, and perhaps as much mischief is done to the system by removing the seat of irritation from the mouth, as is done by repelling exanthematous diseases from the surface to the centre of the body.

If this view of the subject be correct, it affords ample proof that the affection of the mouth is symptomatic of some distant irritation seated in a vital organ, and therefore it follows that, if the primary disease be removed, the ulcerations of the mouth heal of their own accord, or without the application of remedies. Nevertheless, the soreness of the mouth is one of the most distressing symptoms of the disease, and often entirely prevents mastication, and the employment of such food as the debilitated state of the system requires. This cause, together with the immense secretion of saliva, will rapidly emaciate, and soon reduce the system almost to a skeleton. Therefore as soon as the morbid secretions are changed, astringent gargles should be employed. These may consist of blue vitriol, white vitriol, alum or borax in solution, and combined with an aqueous solution of opium. Or the borax may be powdered and mixed with an equal quantity of either honey or loaf sugar. But of these remedies those which most relieve irritability are to be preferred. One of the following prescriptions often affords great relief. R. Extr. of catechu, 2 dr.; acetum plumbi, 20 gr.; pulv. opii, 20 gr.; aqua pura bul., 8 oz. Misce. R. Sulphas zinci, 16 gr.; pulv. opii, 20 gr.; aqua pura bul., 8 oz. Misce. R. Sulphas cupri, 2 to 4 dr.; aqua pura bul., 8 oz.; pulv. opii, 24 gr. Misce. R. Marsh. ros., 1 oz.; borax, 2 dr.; pulv. opii, 20 gr.; aqua bul., 8 oz. Misce.

In addition to these gargles, the vegetable astringents, in decoction, may be employed, such as the bark of white oak, sage, willow, the roots of the high and low briars, peruvian bark, nut galls, pomegranate, &c.; but a portion of opium should be added to either of these when used.

When by the too early use of repellant gargles, or by swallowing the contaminated saliva, the mucous membrane of the stomach and bowels becomes affected, a diarrhœa or a dysentery follows, which is difficult to remove and demands the most prompt and efficient remedial measures, or the patient soon succumbs to the disease. In these cases, in addition to the mild cathartics and absorbents above recommended, mineral and vegetable astringents are required, such as the gum kino, extract of catechu, extract of logwood, decoction of the briar roots; or white vitriol, 12 gr., tinct. opii, 2 dr., water, 4 oz., given one teaspoonful every hour or two; or alum and sulphate of iron in equal parts dissolved in water, and given in the dose of two or three grains of the salt;

or the acetum plumbi, 3 or 4 grains, dissolved in a small quantity of water, to which may be added one table-spoonful of linseed tea, or starch water, and 40 drops of laudanum, which may be thrown up the rectum and repeated two or three times daily. And if the bowels are very irritable, notwithstanding the enemas, the following pills, from one to four at a time, may be given four times in 24 hours. R. Acetum plumbi, 25 gr.; pulv. opii, 25 gr.; crumbs of bread, q. s. Moisten the crumbs of bread and then mix in the other ingredients, and divide into one hundred equal pills.

If these anodynes are not sufficient to relieve the tormina, tenesmus, irritability and pain of the bowels, either more opium or Dover's powders should be given, and repeated as often as renewed distress requires their exhibition. Of all the preparations of opium, the pulv. Doveri is perhaps the best, in diarrhœa and in dysentery, for it equalizes the circulation, opens the pores of the skin, and diverts the fluids from the centre to the surface of the body. In short, the dysentery attending this affection may be treated like dysentery from ordinary causes, with this difference, that it will not bear the employment of mercury, nor frequent cathartics; and whenever laxatives are given, they should be combined with assafœtida, hyoscyamus, or some other anodyne, to prevent an undue excitement of the irritated bowels.

When the mucous membrane of the rectum becomes excoriated, ulcerated, or covered with thrush, the injection of the acetum plumbi, combined with laudanum, or white vitriol, 16 gr. dissolved in 8 oz. of water, to which 40 drops of laudanum are added; or a solution of 4 dr. of borax in 8 oz. of water, with 40 drops of laudanum, afford much relief. Mucilaginous diluents, such as linseed tea, slippery elm, or a solution of gum arabic in water, should constitute the drink of the patient, and the food should be light and farinaceous, such as milk porridge thickened with arrow root.

When the dysentery abates, and debility alone remains, the infusion of quassia, camomile or columbo, may be employed as tonics; or instead of these, an infusion of the red bark in lime water, or the sulphate of quinine. Also in this stage of the affection some one of the preparations of iron are indispensable in the treatment. The muriated and vinous tinctures are among the best preparations, but some prefer the phosphate, the carbonate, sub-carbonate, or filings; but according to our experience, the iron in powder irritates the weakened stomach and bowels. Griffith's myrrh mixture or pills is a valuable compound of iron; and either these, or pills composed of white vitriol and myrrh, may be given three times a day. During the whole course of the disease flannel should be worn next to the skin, and the warm or vapor bath occasionally employed.

The above treatment comprehends nearly all the remedial measures which have generally been employed in the cure of anæmia; but the want of success attending their administration has become proverbial, and we appeal to all physicians much conversant with the disease, whether they have not been often disappointed in curing it, by any or all the remedies usually recommended by writers on the subject. There-

fore, this empirical practice should give place to one founded upon rational and pathological principles.

(To be continued.)

A CASE OF PUNCTURED WOUND.

BY W. R. RANNEY, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. Fairbank, æt. 40, on the 8th of September last, trode upon a cambric needle with the bare foot. It penetrated the heel, as she thought, about half its length, and was extracted entire, though requiring considerable force. The pain at first was considerable, yet she kept about her ordinary work, and even spun at a great wheel two days after the accident. But the pain and soreness increasing, on the 14th I was called to prescribe. Heel tender and very painful, but very little swollen. Tongue heavily coated and rather brown; pulse one hundred, or upwards, and hard; considerable heat of the body, and nervous excitement. The wound, on the closest inspection, could not be distinguished; but, guided by the patient's knowledge, and the exquisite sensibility of one small spot, I made a free and deep incision, intending to enlarge, if possible, the original wound. I then opened a vein upon the ankle, which bled freely, and took 20 or 24 oz. of blood; gave 20 or 30 grs. of calomel, to be followed with sulph. mag. till a brisk cathartic effect should be produced—after which, opium and camph. to be repeated "pro re nata." To the wound a pledget of lint, wet in laudanum, was applied, and the whole heel to be enveloped in a poultice of linseed meal.

On the 15th, 16th and 17th, the symptoms much the same; no material relief derived from a rigid antiphlogistic and depletory course. Some severe rigors at irregular periods, equal in violence to the cold stage of an intermittent; the pain severe, notwithstanding the free exhibition of anodynes; tongue dark and dry; restlessness; distressing nausea, and occasional vomiting of bilious matter; countenance sallow, and pulse rapid.

18th. I discovered fluctuation, which appeared to be superficial, and very distinct. Made an incision, and discharged an ounce or two of sanious, fœtid matter; and, to my surprise, without giving the least pain to my patient. On a close examination, it appeared that the matter lay immediately under the cuticle, in this place very thick, of course, and on the removal of which, the cutis vera was nearly black and insensible, it being, with the tissue beneath, entirely gangrenous—and yet the pain but little, if any, abated. Yeast poultices, with charcoal, were ordered, wetted in part with the chloride of soda. Internally, port wine, quinine, and sulph. acid, and morphine to procure rest. The internal treatment, however, she could not bear—not even wine in small quantities, it producing a distress at the stomach, with a burning sensation and vomiting; the whole abdomen painful and tender, although the bowels were often moved with enemas, calc. mag., &c. The local applications seemed

to arrest the progress of gangrene, and in two or three days an entire separation around the edges had taken place; but the mass adhered by a sort of ligamentous matter to the os calcis, and showed no appearance of giving way. These attachments were carefully removed with the scalpel, without the slightest sensation to the patient, and the whole ball of the heel taken away, leaving the periosteum entirely naked. This, at first nearly natural, soon assumed a livid complexion, and partly detached itself from the bone. Attempts were made to approximate the edges of the wound by adhesive straps, and to promote granulation by emollient and antiseptic applications, but in vain. The pain continued severe through the entire foot, and especially about the ankle-joint, from which a discharge of fœtid pus broke out, just below the outer maleolus. The constitutional symptoms severe and threatening; vomiting, sweats, emaciation, diarrhœa, aphthous mouth, rapid pulse, and seemed to bid defiance to all curative measures.

Under these circumstances, a consultation was held October 9th, and it was unanimously resolved that amputation alone could save the patient from speedy dissolution; and fears were entertained that it had already been deferred too long.

The operation was immediately performed by Dr. Jones, of Ludlow, assisted by Drs. Holton, Clark, Ladd, and myself—making use of the gastrocnemii muscles to form the flap. She bore the operation with true Spartan firmness. The unfavorable symptoms soon subsided, and the wound healed mainly by the first intention. November 6th the last ligature came away, and the health and strength were soon restored.

On examining the foot, it was found that the ankle and all the tarsal joints were in a state of ulceration, and in many of them the cartilages were nearly destroyed by ulceration or absorption—beginning at the circumference and terminating at the centre—leaving the articular surfaces of the bones denuded, rough and spongy. It had been before observed that when the foot was moved, a crepitous sensation was produced, as in a case of fracture.

A similar case of articular inflammation in the foot of a lad eight years of age, arising from no known cause, has since fallen under my observation, and which proved fatal within ten days—in which the crepitus was equally perceptible, and on dissection the same appearances were exhibited. I saw the case only a few hours before death, in consultation. It had been mistaken for a case of necrosis, and early depletory measures neglected.

Townshend, Vt., March 22, 1839.

SANDWICH ISLAND ANATOMY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the present age of book making, the appearance of a new work, on any subject, rarely excites surprise, be it the production of the novice or of the well-instructed master of his art. Our periodicals groan under the constantly accumulating columns of newly appeared or

forthcoming works. The memory is taxed to the uttermost to retain simply the titles; and while great multitudes are speedily forgotten, a few find ready access to popular favor. But the most able and meritorious hardly escape forgetfulness, before the clamorous pretensions of newly arrayed volumes, demanding a *review*.

A late number of your Journal contained a brief allusion to a work on anatomy, just published at the Sandwich Islands, though no request was made, as in the case of the Danish publications, for translations. The work, in view, appears before us with no superlative or lofty pretensions, either by its magnitude or originality; being simply a brief compilation. There are no lofty or dignified titles prefixed to it, and if the compiler, G. P. Judd, M.D., is not an honorary member of any of our national or local literary or philosophical societies, it is not because he is deficient in scientific merit or professional skill; and if he has not the reputation, annexed to the privilege of being attendant physician at any of our great *hospitals* or *almshouses*, he has the more enviable distinction of laboring for the disinterested and laudable object of doing good—of administering, gratuitously, on a vastly enlarged scale, to the many thousands around him. The work has not been obtruded on our notice with the expectation that we should bring it forward to the attention of the world; but our admiration and interest have been excited, in no small degree, by the circumstances under which it has appeared. It shows itself in the comprehensive form of only 60 printed pages, and 13 pages of plates illustrative. The title page has the simple appellative, Anatomia; and adds, further, He Palapala la E Hoike Ai I Ke Ano O Ko Ke Kanaka Kino. *Ua Kakania ma ka olelo Hawaii, i mea e ao ai i na haumana o ke Kula Nui, ma Lahainaluna*; which translated runs thus. "Anatomy. A work showing the structure of the Human System. Compiled in the Hawaiian language, for the benefit of the members of the Seminary, at Lahainaluna."

The moral and religious world have been amazed at the rapid advancement of the people of the Sandwich Islands. They have seen, as it were, "a nation born in a day." The scientific world have also cause to wonder. In the period of only 18 years from the commencement of the mission, the language has been reduced to a written form, books have been prepared, schools and churches established, and such proficiency made in knowledge that a work on anatomy has been found desirable to supply the increasing call. It may be a subject of self-commendation for you, Mr. Editor, that your excellent Class Book of Anatomy has been made the basis of Dr. Judd's manual. Yours, &c.

March 25, 1839.

OBSTETRICAL STATISTICS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I remember seeing, some time since, in your Journal, a suggestion that it would be a proper time to contribute something to its pages when your subscribers sent in their annual subscriptions; and being

reminded of the latter, an association of ideas led me to recollect the former.

Not having, at this time, leisure to go into any lengthy detail of cases, I barely sketch from my note book on midwifery the general outlines and classification of cases which have occurred in my limited practice since I commenced in Lanesborough, in April, 1833, to the time I left practice there in August, 1838. By this I find I have attended 194 obstetric cases, besides 21 abortions. In the following table we are presented with the general characteristics of each case, and the proportion of each variety of labor, as they occurred in my practice.

	Natural.	Breech.	Feet.	Face.	Shoulder.	Knees.	Placenta.
Presentations - - - - -	185	2	2	1	2	1	1
Natural Labors - - - - -	179	1		1			
Complicated with fainting - -	2						
" convulsions - -	1						
Deformed pelvis - - - - -	1						
Resort to art—turning - - -	1				2		1
" forceps - - -	2						
Stillborn - - - - - - -	1	1	1				

Of the above 194 labors, 6 were premature—of which 1 was a breech presentation, the other 5 natural; only 2 of the children survived 24 hours, although all but one was born alive, but soon expired. But two twin cases have occurred in my practice. J. W. Palmer.

Austerlitz, N. Y., March 13, 1839.

POISON NOT ALWAYS POISONOUS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Your correspondent looks too deeply for my meaning in the expression "a man may use poisons and not be poisoned." A man may use poisons in such small quantities that their action will be controlled, and their deleterious effects will be entirely prevented, by the conservative principle, which in some shape and under some name is acknowledged by all physiologists. This is my meaning as clearly as I can express it, and I need not refer to a multitude of familiar facts which exemplify it. The same vital affinity which prevents chemical agents from working changes in the structure of the stomach during life, also counteracts the specific effects of poison, provided the concentration of

such poison does not extend beyond a certain degree. Take, from the list of poisons in the article "Toxicology," in the excellent *English* "Cyclopœdia of Practical Medicine," iodine, alcohol, garden lettuce, carbonic acid—is it not obvious that we can receive the action of these substances in certain quantities, without their specific effects being in the least degree developed? And yet a man may be narcotized by alcohol and lactucarium, and asphyxiated by carbonic acid. But the most familiar exemplification is in the action of heat and cold upon our systems. These are hurtful agents, destructive, even, in a certain degree of intensity; and yet when their impressions do not transcend the ordinary power of resistance of the vis vitæ, there is absolutely no injury done by them. And these remarks, I hold, apply to prussic acid.

Perhaps I have now said all it is safe to advance; but if you will insure me against the labor of meeting controversy, I will add, that, as a friend of temperance, I do not like to see so much stress laid on the word *poison*. It is not enough to prove that an article contains poison. Prove that its effects, when used as a beverage, are *poisonous*, and that the natural consequence of its being introduced into general use will be that men will be *poisoned* by it, and then the inference follows that it is wise to discard it. This I hold to be the proper connection which we, as physicians, have with the temperance reformation. Distilled spirit has been tried by this rule, and the verdict is against it. Yours, &c.

Salem, March 27, 1839. A. L. P.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 3, 1839.

ARTIFICIAL PALATES.

Some very ingenious specimens of workmanship in gold have been shown us, of late, intended to remedy the effects of cleft palate. Dr. Geo. H. Gay, an operative dentist, who resides at No. 252 Washington st., Boston, seems to have given particular attention to this kind of malformation, which he has found means to remedy in a way that calls forth our admiration. A two-fold advantage arises from the contrivances devised by this gentleman: in the first place, food and drinks are swallowed with less difficulty, as the communication between the mouth and nostrils is effectually cut off, as in a well-formed roof; and secondly, the whole character of the voice is at once changed, from an indistinct nasal sort of echo, to something like a properly-modulated tone. This, however, becomes more and more perfect by experience. Without going into a long account of the precise mode of adjusting the artificial to the natural but defective apparatus of the naso-pharyngeal cavities, we strongly recommend Dr. Gay to this class of unfortunates. The expense is by no means unreasonable, and it is therefore within the reach of those who do not happen to be rich, to avail themselves of this curious and important assistance. Editors of newspapers would doubtless confer a favor on many who may suppose themselves beyond the reach of art, by circulating this information.

New York Medical Examiner.—For three or four weeks past, the New York Whig, in its modified form, comes to us minus the *Medical Examiner*, which was a very important department, and interesting to the general reader, as well as to the medical profession. No reason has yet been given for relinquishing it, and hence some considerable anxiety is manifested to know why the terse and spirited manager has left his friends so abruptly—without even saying God-speed to his survivors. With the extinction of that bright light, there is not even a farthing-candle luminary left in New York in the shape of a medical periodical, so that we have no means of ascertaining a single item of that sort of intelligence which it is supposed may always be collected in a great city. In this dilemma, it has occurred to us that it is possible the editor of the late Examiner, with whose name, to our regret, we are unacquainted, may be on the eve of elaborating a distinct publication, in which he can make an exhibition of his powers to far better advantage than in a common newspaper. However, after waiting a reasonable time, if there is no resuscitation of the old favorite, or the projection of a new one, we shall deplore the loss, and seek through private correspondence for the medical chronicles of the commercial emporium.

The Philadelphia Medical Examiner continues to be conducted according to the original design, and gains favor wherever it circulates.

Maryland Insane Hospital.—It seems, from a paragraph in the Medical Library, that a report has been made by Dr. Collins, chairman of a committee of the House of Delegates, and that the people of that State are "sensibly alive to the condition of the insane." It is to be inferred, therefore, that an institution for their accommodation is contemplated. The progress of humanity requires that that neglected and much abused class of unfortunates should be provided for in the most comfortable and liberal manner, throughout the entire country. Massachusetts has a pattern hospital for lunatics, admirably conducted, which may be visited to great advantage by those who are appointed to organize asylums for the same philanthropic purpose. New Hampshire is in a good way: within one or two years, at farthest, it is presumed that those wretched outcasts, who, in consequence of their alienation of mind, have been chained in hovels, and starved and frozen, as unfeelingly as though they were criminals of the worst description, will all be provided with a cheerful, happy home.

General Washington's Teeth.—A few days since a small engraved profile was shown us, under which were these words—"John Greenwood, Dentist to his Excellency General Washington." This led to further inquiries, when we were informed that General Washington, in the latter part of his life, wore a complete set of artificial teeth, on both jaws, which were manufactured by this Mr. Greenwood, who then resided in the city of New York. Washington usually had two sets on hand, in order to meet any sudden emergency, in case those in use were broken. A letter is extant, in which he requests Mr. Greenwood to forward a new set, that he might be prepared to speak before the ensuing Congress. The last tooth which was extracted from the General, being carefully preserved came ultimately into the possession of the son of Mr. Greenwood, also an eminent dentist of New York, who had it secured very choicely in a gold seal, many years ago, and which is still kept, and believed to be the only organic relic, not entombed, of that great and good man.

From the *Traité Complet de l'Art du Dentiste*, the following note is extracted, in relation to the mode in which the teeth of the President were kept in place. "L'usage des ressorts à spirales date de plus d'un demi siècle. Leur emploi est d'ailleurs si facile que les personnes qui portent des dentiers fixés par ces moyens d'attache peuvent aisément les changer elles-mêmes à volonté: voici à cet ègard ce que George Washington écrivait, le 20 Janvier, 1797, à M. Greenwood, son dentiste: 'Envoyez-moi des ressorts à spirales d'environ un pied de long, sans les couper, et joignez à cet envoi à peu près le double de cette longueur de fil d'or peu cassant, du diamétre que vous jugerez convenable pour que je puisse les fixer comme de coutume à mon dentier.' La lettre dont nous avons traduit ce passage est entièrement écrite de la main de Washington; elle est datée de Philadelphie, et elle nous a été envoyée par M. Greenwood fils, l'un des dentistes les plus distingués de New-York."

Creosote.—A correspondent is solicitous to know in what manner creosote is prescribed to be most serviceable, in what diseases, and the exact strength of the article which is requisite. He also inquires—is the pure creosote colorless? "That which we obtain," he says, "is of an amber hue." There is such a diversity of opinions upon the subject, that we much prefer to hear from some gentleman who has been in the habit of using it extensively in a miscellaneous practice, presuming that he would more satisfactorily answer the inquiries of the person alluded to above.

Machines for Spinal Distortions.—We have been informed by an anonymous correspondent, through the post office, that Dr. Abbe, of Litchfield, Conn., who has a private establishment for the treatment of spinal distortions, is discarding the brass *corslets*, and is copying the apparatus made use of by Dr. Brown at the Orthopedic Institution in this city.

Premature Parturition—the Infant weighing but seventeen ounces—lived twenty-four hours.—At a late meeting of the Medical Society of Augusta, Geo., the doings of which are fully reported in the Southern Medical Journal, Dr. Dugas related the following case. Phillis, a young negro woman, had a severe attack of remittent fever, during which she was repeatedly threatened with abortion, having violent uterine contractions, which were usually quieted by opiates. She was discharged well on the 18th September, and continued so until the 2d of October, when, about an hour before day, she was taken with nausea, vomiting, and violent labor pains, soon followed by a discharge per vaginam. I gave her an opiate, but in an hour after she was safely delivered of a girl weighing *seventeen ounces*, and which lived four and twenty hours! The little infant opened her eyes, cried, sucked a "sugar teat," would gape, and indeed seemed disposed to live on. She, however, gradually became less vivacious, and finally died.

When called to see the mother, I found the fundus of the uterus nearly or about as high as the umbilicus, which had led me to estimate the pregnancy as one of six months; but from the calculations of the mother and grandmother, as well as from the child's development, it could not have exceeded five and a half months.

Army Surgeons.—A medical commission will be in session in the city of New York on the 15th of May, for the examination of medical gentlemen who may wish to enter the Medical Staff of the Army of the United States. By a reference to the American Medical Almanac of 1839, page 16, the mode of making application, with every other necessary information, may be obtained. The opportunity for obtaining commissions is highly favorable.

Burns.—In the Pennsylvania Hospital, recently, four cases of *burns* were treated, two of which involved more than two thirds of the body, and died within twenty-four hours after admission. The others were principally treated by the stimulant practice. One was dressed at first with raw cotton, which was continued for a week, when, on removing the dressings, owing to their offensiveness, several parts were found filled with maggots, produced, no doubt, from the egg having been previously laid in the cotton, as the weather was too cold for the fly to be about. When a severe case is first received, it is sometimes dressed with warm poultices, until the sloughs separate, and is found to be comfortable to the patient, and ready of application,—*Dr. Harris's Report in Medical Examiner.*

Glanders in the Human Subject.—The identity of glanders in the human subject and in the horse has been recently demonstrated by M. Rayer. A patient in M. Roux's ward, at the Hotel Dieu, had contracted glanders while examining a diseased horse. M. Rayer took some pus from the patient, and with it inoculated a healthy ass. The animal died with all the signs of acute glanders, nine days afterwards.—*London Lancet.*

Medical Miscellany.—Dr. Harvey Lindsley, of Washington, has been writing on the "Ill health of American women," in a southern literary paper. If he has made any discoveries, why not present them before the profession through an appropriate organ, a journal of medicine?—It is estimated that the blood circulates through the head 4000 times an hour, and that the entire volume of blood passes once in every three minutes through the heart.—No. 6 of the American Phrenological Journal is abroad, but the articles in it are too tediously long—and, in point of scientific interest, fall below those of the five preceding numbers.—Health Tracts for February and March, have been published in Boston, which will have just about as much influence on the public as snow tracks.—Considerable anxiety is felt for Dr. Van Wyck, Assistant of the U. S. Fleet Surgeon of the Mediterranean Squadron, who had an apoplectic fit on deck, near Gibraltar.—An asylum for the deaf, dumb and blind, is to be established at Staunton, Augusta Co., Virginia, by a recent act of the Legislature.—Dr. Flint, of the Louisville Medical Institute, has performed the operation of lithotomy very successfully. He cut to the staff, and entered the bladder with the same instrument—a long, narrow scalpel, which he considers the simplest way of proceeding, when the perineum is not very deep. He intends to perform lithotripsy—an operation never yet performed west of the mountains.—At Cincinnati, the faculty of the two rival medical schools are represented to be quite by the ears; it is even said that Dr. Mussey has been forced into the controversy, but Dr. Parker takes no part or lot in the matter.—In the village of Lower Sandusky, Ohio, is a female albino—a fac-simile negro in conformation, born of black parents, but with a fair, white skin and hair.

DIED,—At Tecumseh, Mich., Dr. Isaiah C. Straw, late of Methuen, Mass., aged 30.—In Boston, Dr. William King, electrician, 78.—At Baltimore, Dr. John James Giraud, 85.

Whole number of deaths in Boston for the week ending March 30, 36. Males, 19—females, 17.

Of consumption, 8—typhous fever, 1—infantile, 3—scarlet fever, 6—lung fever, 2—old age, 1—marasmus, 1—fits, 1—intemperance, 2—debility, 1—croup, 1—dropsy on the brain, 1—asthma, 1—apoplexy, 2.—inflammation of the brain, 1—stillborn, 2.

OUTLINES OF THE INSTITUTES OF MEDICINE,

FOUNDED on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his inferences, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage.

"*New York*, 1838."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston. M 30.

SITUATION.

A YOUNG PHYSICIAN, in a town about 18 miles from Worcester, wishes to sell from two to three hundred dollars worth of personal property, consisting of a horse, gig, medicine, &c.; and emigrate. Town contains about 2000 inhabitants—two religious societies, and good schools through the year. A letter to the editor of the Journal, post-paid, will direct to the town and physician, of whom the conditions and any particulars may be obtained. M 6—4teop.

TO PHYSICIANS.

A PHYSICIAN wishing a stand, where he may command a large business, may hear of one by application to the editor of the Medical Journal; if by letter, post paid. M. 27—tf

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PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
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Oct 31—eptf

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,
Oct. 17—1yeop 33 Prince St. corner of Salem St. Boston.

AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1839—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston. J 16.

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